



Department of Revenue
Alcohol & Tobacco Division
Audit and Regulatory Section
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**CARRIERS MONTHLY REPORT OF ALCOHOLIC BEVERAGE
SHIPMENTS DELIVERED IN THE STATE OF GEORGIA**

Affidavit for the Month of _____ 20____

NAME OF CARRIER		
STREET ADDRESS		
CITY	STATE	ZIP CODE
IMPORTANT INSTRUCTIONS THIS AFFIDAVIT MUST BE FILED WITH THE GEORGIA DEPARTMENT OF REVENUE ON OR BEFORE THE 15TH OF EACH CALENDAR MONTH, COVERING ALL ALCOHOLIC BEVERAGE SHIPMENT DELIVERED IN THE STATE OF GEORGIA DURING THE PRECEDING CALENDAR MONTH. THIS AFFIDAVIT MUST BE ACCOMPANIED BY COPIES OF ALL BILLS OF LADING FOR THESE SHIPMENTS.		
AFFIDAVIT BEFORE ME, AN OFFICER AUTHORIZED BY LAW TO ADMINISTER OATHS, PERSONALLY APPEARED _____ AN AUTHORIZED AGENT OF THE ABOVE NAMED BUSINESS, WHO FIRST BEING DULY SWORN DEPOSES AND SAYS THAT THE ATTACHED COPIES OF BILLS OF LADING ARE TRUE AND CORRECT COPIES OF ALL BILLS OF LADING COVERING ALL DELIVERIES OF ALCOHOLIC BEVERAGES IN THE STATE OF GEORGIA MADE DURING THE PRECEDING MONTH, AND ARE SUBMITTED IN ACCORDANCE WITH GEORGIA ALCOHOLIC BEVERAGE CODE.		
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____		
SIGNED _____ <div style="text-align: center;">Authorized Agent</div>	_____ <div style="text-align: center;">Notary Public</div>	